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| REVOCATION OF POWER OF           |
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| Application Number     | 10/750,301-Conf. #1668 |
|------------------------|------------------------|
| Filing Date            | December 30, 2003      |
| First Named Inventor   | Xing Su                |
| Art Unit               | 1641                   |
| Examiner Name          | M. J. Yu               |
| Attorney Docket Number | 21058/0206690-US0      |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |                                 |                                      |    |      |      |           |     |            |          |  |
|--|---------------------------------|--------------------------------------|----|------|------|-----------|-----|------------|----------|--|
| A Power of Attorney is submitted herewith.   |                                 |                                      |    |      |      |           |     |            |          |  |
| OR  X I hereby appoint the practitioners associated with the Customer Number: 07278  |                                 |                                      |    |      |      |           |     |            |          |  |
| Please change the correspondence address for the above-identified application to:  |                                 |                                      |    |      |      |           |     |            |          |  |
| OR 2   | \   <u> </u>                    | dress associated with<br>ner Number: |    |      | 0727 | 78        |     |            |          |  |
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| Applicant/Inventor.  |                                 |                                      |    |      |      |           |     |            |          |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |                                 |                                      |    |      |      |           |     |            |          |  |
| SIGNATURE of Applicant or Assignee of Record   |                                 |                                      |    |      |      |           |     |            |          |  |
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| Name PAM MATICALC  |                                 |                                      |    |      |      |           |     |            |          |  |
| Date   | 5                               | ·21-07                               |    |      |      | Telephone | 40  | ){{ -      | 765-1144 |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                                 |                                      |    |      |      |           |     |            |          |  |
|  | *Total of1 forms are submitted. |                                      |    |      |      |           |     |            |          |  |